Owner: Raul & Nilda Vargas

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 221590

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4648476928

APPLICANT: Nest Homes LLC APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 124 Sisters Cove Ct. Mooresville NC PHONE: 7044339947 ~~8117~~ ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Bluefiel TL Cornelius Rd TL Sisters Cove Ct

SUBDIVISION: Sisters Cove SECTION: V LOT # 17 LOT AREA: .272 Acre DESIGN FLOW: 360 gpd L.T.A.R.:

Septic Tank 2000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines Linear Ft:
Trench Width Max. Trench Bottom Depth Gravel Depth

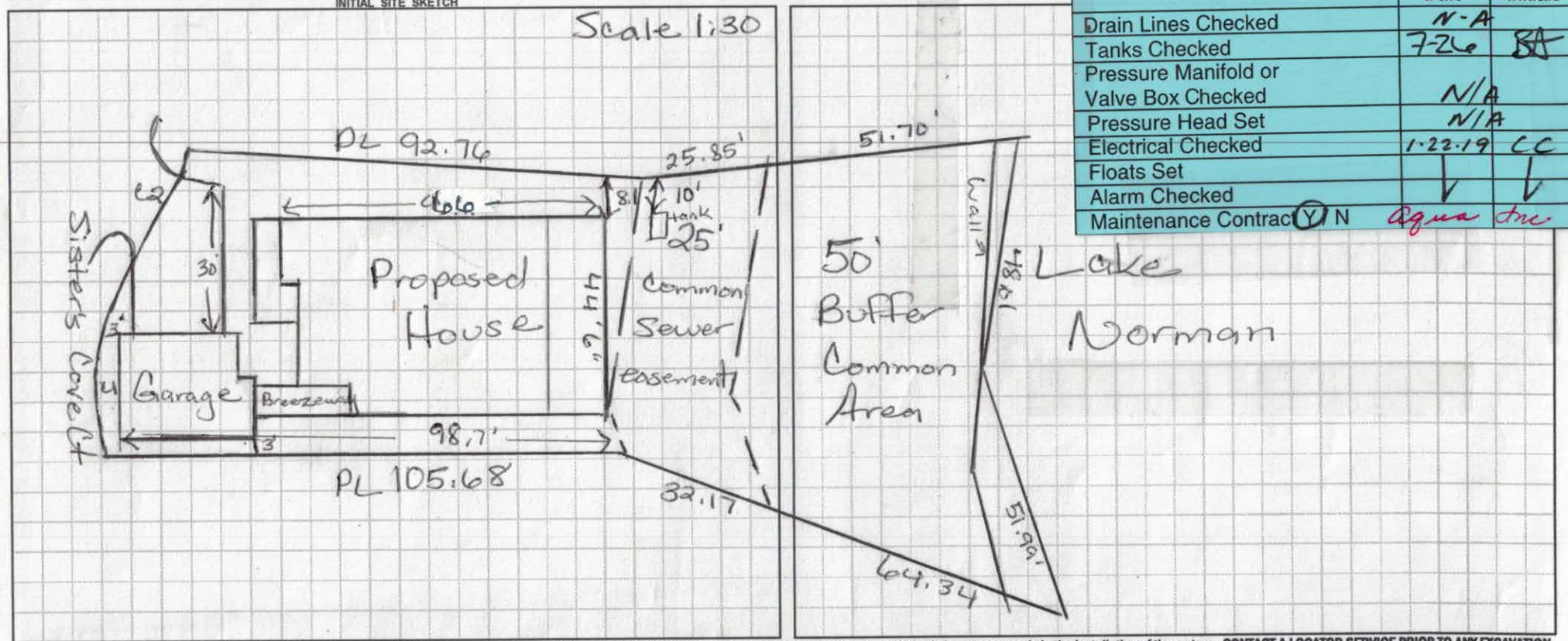
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV (V) VI
System Description: Community TS II Drip Irr
Repair System Description: Same
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install pump package, Control Panel and connect to collection line as specified by Piedmont Design.

INITIAL SITE SKETCH



	Date	Initials
Drain Lines Checked	N-A	
Tanks Checked	7-26	BA
Pressure Manifold or Valve Box Checked	N/A	
Pressure Head Set	N/A	
Electrical Checked	1-22-19	CC
Floats Set		
Alarm Checked		
Maintenance Contract (Y) N	Aqua	Inc

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 9/27/16 Installed by: R&H

IMPROVEMENT PERMIT by: Maria H. Dolan Date: 9/9/16 OPERATION PERMIT by: Carla C. Case (as) Date: 1-22-19

AUTHORIZATION TO CONSTRUCT by: Maria H. Dolan Date: 9/9/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

RECEIVED AUG 3 1 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $500.00 AC Group Septic (#221466 Payment)

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ BOTH ___ Existing System Inspection

****

Use #221590 for permit

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ✓Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Nest Homes, LLC	PO Box 3965 Mooresville NC 28117	704-433-9947	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Sisters Cove Of LKN	PO Box 3965 Mooresville NC 28117		

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Sisters Cove Court	Sisters Cove	Phase V - Lot #17

Driving Directions: I-77 S to NC150/ W on 150/ R on Bluefield Rd/ Left on Cornelius/ Left onto Sisters Cove Ct.

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. Proposed Water Supply:

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other TS-II Drip W/ Step Tank

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: _____ 8/30/16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Eric Wood, am the legal owner(s) of the property located at 124 Sisters Cove Court, identified as PIN (Parcel Identification Number) 4648485081.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Wetter, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
Eric W Wood	8/30/16	J. Michael Wetter Jr.	8/30/16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

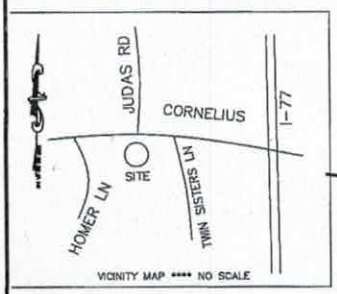
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 63, page 11, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 22, day of AUG A.D. 20 16.

PRELIMINARY

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	49.50'	39.36'	S 60°36'00" W	38.33'
C2	172.50'	26.34'	N 79°00'21" E	26.32'



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

PLOT PLAN SURVEY

OF

LOT 17 SISTERS COVE PHASE V

SCALE 1" = 30' DAVIDSON TWSP., IREDELL CO. , N.C.

ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: SISTERS COVE 17
DC FILE:
TAX MAP NO:

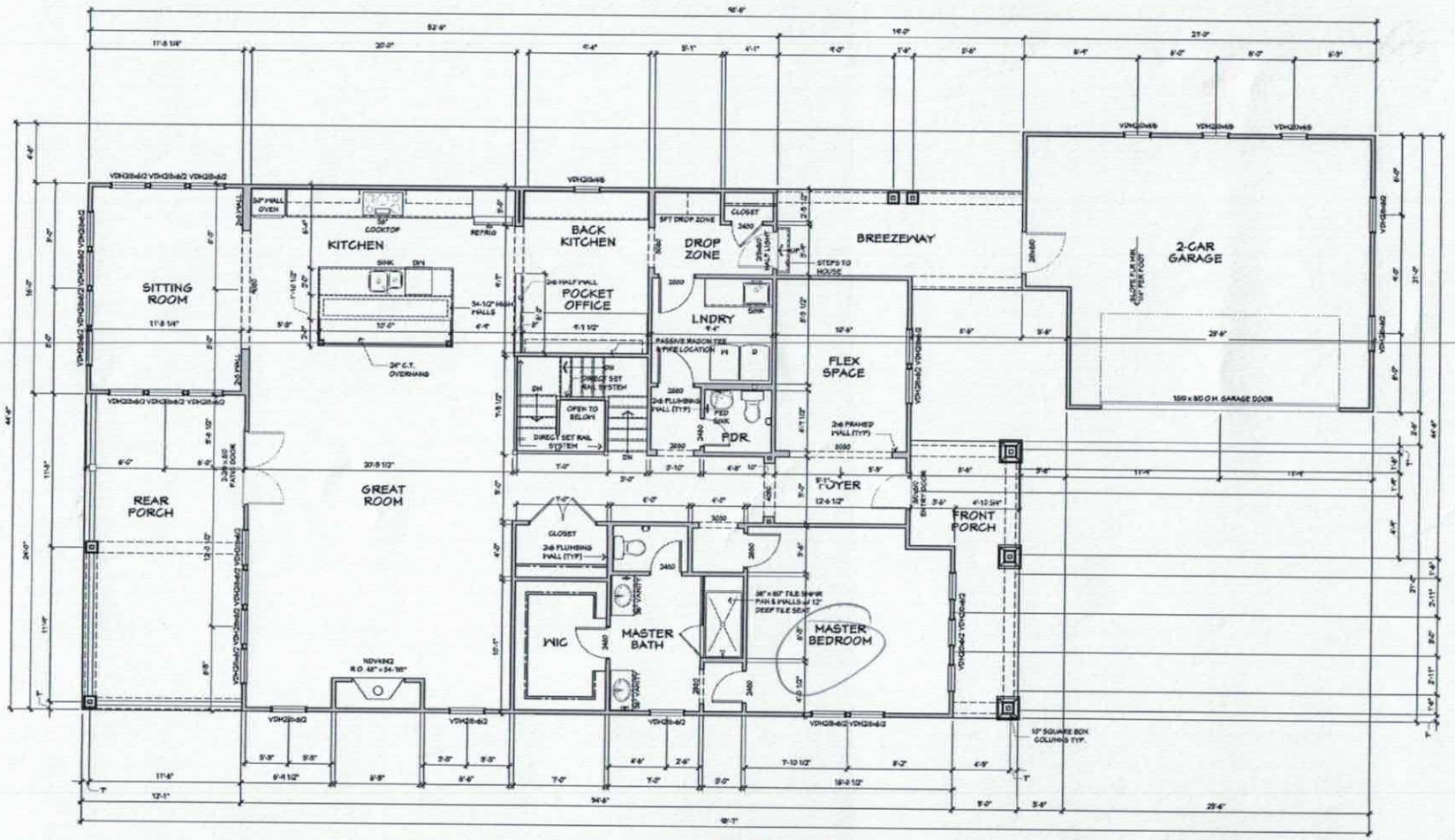
Acknowledgement of
Plans Submittal ONLY!

Date 9/9/16

Date 9/20/16

98'-6"

44'-6"



98'-7"

FIRST FLOOR PLAN - LOW COUNTRY

SCALE: 1/4" = 1'-0"
10'-1 1/2" WALL HEIGHT
WINDOW HEADER @ 8'-0" A.F.F.

BM HOMES
235 Rocking Drive Suite J
Mooresville, NC 28117
PH: 704 658-4351
www.bmhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000.000.0000

Engineer
RESIDENTIAL STRUCTURES INC.
DOUG QUINN
704.332.5460

Stamp/seal

Project name/owner
THE SLOANE
LOW COUNTRY

SISTERS COVE
LOT 17

MARKET READY
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000-000-0000
PH: 000 000 0000

Date
August 23, 2016

Drawn by
TAG

Reviewed by
INITIALS

Plan set scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project/plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
SECOND FLOOR PLAN
CRAFTSMAN ELEVATION

Sheet no.
A4.0

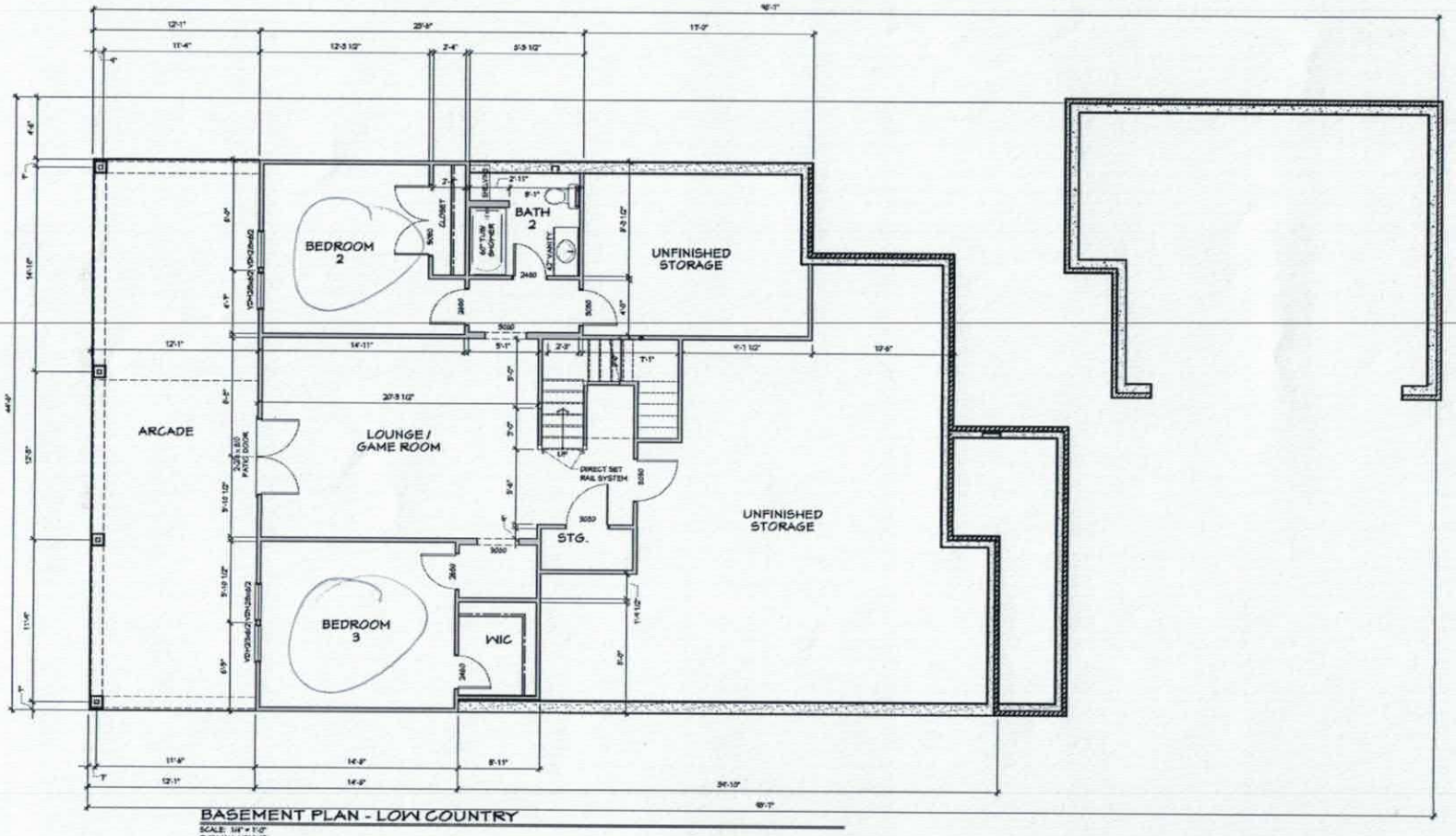
Master plan version
v0.1

Acknowledgement of
Plans Submittal ONLY!

Date 9/9/16

Date 7/27/16

98'-7"



BASEMENT PLAN - LOW COUNTRY

SCALE: 1/4" = 1'-0"
9'-0" WALL HEIGHT
WINDOW HEADER @ 6'-8" A.F.F.

98'-7"

44'-6"

DEL HOMES
205 Rooming Drive Suite 1
Mooresville, NC 28117
PH: 704-658-4251
www.delhomes.com

Township/County
DAVIDSON TOWNSHIP
IREDELL COUNTY

Inspector
INSPECTOR NAME
000.000.0000

Engineer
RESIDENTIAL STRUCTURES INC.
DOUG QUINN
704.332.5468

Stamp/seal

Project name/owner
THE SLOANE
LOW COUNTRY
SISTERS COVE
LOT 17
MARKET READY
ADDRESS LINE 1
ADDRESS LINE 2
PH: 000.000.0000
PH: 000.000.0000

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1/8" = 1'-0"

Project plan code
XX.XX.XXXX

Drawing set
CONSTRUCTION SET

Sheet title/description
FIRST FLOOR PLAN
CRAFTSMAN ELEVATION

Sheet no
A3.0

Master plan version

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
221590
Issue Date: 09/07/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4648476928.000	124 SISTERS COVE COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SISTERS COVE OF LKN LLC	Applicant: NEST HOMES LLC
Address: ATTN: HIGHLAND HINKLEY LLC PO BOX 3965 MOORESVILLE, NC 28117	Address: PO BOX 3965 MOORESVILLE, NC 28117
Phone:	Phone: 704-208-4251

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.272	1.00	50.00	1.00	1.00	CACL	AE

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	79698	TOTAL FEES:	$ 77.25